Guide to the correct service to see Paediatric Physiotherapy Referrals that arrive at RCHT sites

Paediatric Orthopaedics	Rheumatology	General MSK O/P Physio
Children (age 0-18 if in fulltime education) presenting with paediatric specific orthopaedic conditions: ▪ Congenital Talipes Equino Varus ▪ Positional Talipes (Equino varus or Calcanovalgus feet) ▪ Torticollis ▪ Plagiocephaly ▪ Erbs Palsy / Brachial Plexus Injury ▪ Developmental dysplasia of the hip ▪ Newly diagnosed DDH or suspected DDH ▪ Acute Torticollis ▪ Gait abnormalities ▪ Torsional variations ▪ Pes planus ▪ Traction Apophysitis e.g.Sever's or Osgood Schlatter's ▪ Any congenital orthopaedic abnormality in a neonate including congenital absence of limbs (congenital amputees) Post operative follow up of paediatric specific orthopaedic conditions e.g.: ▪ Ilizarov ▪ Leg lengthening ▪ DDH Surgery ▪ Perthes ▪ Sternomastoid release ▪ Brachial Plexus Surgery ▪ Surgery following paediatric foot disorders (unless already known to the CCTS) Any child undergoing planned orthopaedic surgery where the child is known to another Paediatric Physio team but where specialist orthopaedic skills required.	Children presenting with, or being investigated for, Rheumatological Conditions such as: ▪ Juvenile Chronic Arthritis ▪ Juvenile Dermatomyositis, ▪ Sclerederma, ▪ Osteoporosis, ▪ Ehlers-Danlos syndrome (EDS), ▪ Scheuermann's disease, ▪ Inflammatory back pain. ▪ Single and Multiple joint Hypermobility **Hypermobility Referrals –** If Hypermobility is mild, or only causing single joint problems e.g. Knee pain in a keen sports person then general MSK should be able to manage the patient. If complex, repeat problems or multiple joints involved in single presentation or queries exist over diagnosis then Rheumatology Physio should manage them. If Hypermobility presenting with developmental delay rather than pain / functional impairment (particularly in the under 5's) refer to Children's Community Therapy Services (ex CDC) They may need MDT Approach with access to Rheumatology, Paediatric Consultants as well as Physiotherapy and OT (to help with splinting for support). Pain Management may also be able to provide support / advice on pacing, stretching (but not to increase range of movement), and strengthening,	***Over 10 years old – send referral to local hospital*** ***Under 10 – send referral to closest RCHT O/P dept*** Non paediatric specific conditions e.g.: ▪ Post Op management of fractures / trauma ▪ Post immobilisation management of fractures (if required) ▪ Soft tissue injury ▪ Single joint pain / Acute soft tissue lesions as a result of Hypermobility ▪ Low back pain ▪ Neck pain **Cautions re Spinal Pain** Acute problems where there appears to be an obvious diagnosis should be seen by MSK, the principles of good physical assessment and appropriate screening apply; (with emphasis on red / yellow flags). Very young children with persistent / unexplained Back and / or Neck pain should have had Consultant review / Investigations to rule out serious pathology prior to referral Chronic Spinal Pain may need involvement of the child psychologists based at the children's centre. The psychologists may then work with the physios based there. Pain Management RCHT may accept referrals for older adolescents (16-18) You might also consider suggesting a referral to Pain Clinic or the Bath Adolescent Chronic Pain Programme).

Respiratory Physiotherapy	Hydrotherapy (as a direct referral)	Women's Health / Continence Physiotherapy
Cystic Fibrosis Team ▪ All children diagnosed with Cystic Fibrosis ***Paediatric Team*** ▪ Non-CF Respiratory Conditions ▪ Advice to CCTS staff regarding management of respiratory complications for children with neuro-developmental conditions (with shared treatments if required)	▪ Juvenile Idiopathic Arthritis ▪ Juvenile Ankylosing Spondylitis ▪ Ehlers-Danlos Syndrome ▪ Scheuermann's Disease ▪ Single and multiple joint pain as a result of Hypermobility (see notes above) ▪ Inflammatory back pain / low back pain (see Spinal Pain advice above) Post OP: ▪ Leg lengthening ▪ DDH ▪ Perthes ▪ Fractures/trauma ▪ Slipped epiphysis	▪ Incontinence associated with co-morbidity e.g. CF ▪ Teenage Pregnancy post delivery complications e.g. 3°/4° tears, 2+ risk factors, post partum urinary/faecal incontinence

Children's Community Therapy Services (ex CDC)	Not a Physiotherapy Referral
▪ Children with Neurological or developmental conditions. ▪ Children with a medical condition that results in the main presenting problem being developmental delay rather than pain / functional impairment e.g. Hypermobility, osteogenesis imperfecta, Achondroplasia. ▪ Children needing intensive rehab in the community e.g. Post amputation, burns, ABI, post meningitis ▪ Children who need community follow-up following Non-Neuro Specialist Physio assessment / in-put e.g. for education / reassurance to parents / carers / teachers or to implement a treatment plan as defined by the specialist e.g. Rheumatology / Respiratory / Paediatric Orthopaedics/oncology. The specialist Physio will provide any training required for the CCTS therapy staff to do this, and may be asked to provide a management plan.	▪ ME / Chronic Fatigue – not traditionally a Physiotherapy role but if Physiotherapy in-put is required it can be provided by CCTS as long as the specialist ME Services case manage the patients and advise the CCTS staff of the in-put required. ▪ Obesity management